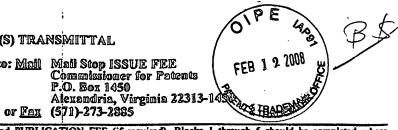
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless correct maintenance fee notific	ted below or directed of	herwise in Block 1, by (a) specifying a new cor	imaintenance fees will be respondence address; and/o	r (b) indicating a separ	rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Black I for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
		1/2007 -		Certificat	e of Mailing or Transc	nission
NADER ASGHARI-KAMRANI 6558 PALISADES DRIVE CENTERVILLE, VA 20121				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
			·			(Signature)
						(Date)
APPLICATION NO.	FILING DATE	1	FIRST NAMED INVENTO	R ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
09/940,635 08/29/2001		Nader Asghari-Kamrai	mi 02/13/2008 AWONDAF2 000000		0994063 <u>5599</u>	
TITLE OF INVENTION	N: CENTRALIZED IDE	NTIFICATION AND AU	THENTICATION SYST	91 FC:2501 720.00 OP		
				02 FC:1504		300.00 OP
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
. nonprovisional	NO	`\$1440	\$300	\$0	\$1740	02/27/2008
EXA	MINER	ART UNIT	CLASS-SUBCLASS	!		
NOBAHAR, ABDULHAKIM 2132		2132	726-005000			
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Change of corresp	pondence eddress (or Che	nge of Correspondence	(1) the names of up or agents OR, alterna	to 3 registered patent attori tively,		
Address form PTO/S	is/122) anacneo. dication (or "Fee Address	Indication form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to			
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered potent attorneys or agents. If no name is slisted, no name will be printed.			
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or	ýpe)	· · · · · · · · · · · · · · · · · · ·	
PLEASE NOTE: Un	less an assignee is ident	ified below, no assignee	data will appear on the	patent. If an assignee is in	dentified below, the do	cument has been filed for
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
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4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
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	etus (from status indicate ns SMALL ENTITY state		☐ b. Applicant is no k	nger claiming SMALL EN	TITY status. See 37 CF	R 1.27(g)(2).
NOTE: The Issue Fee ar	nd Publication Fee (if req	uired) will not be accepte	d from anyone other than	the applicant; a registered		
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Authorized Signature	- May May			Date 02/12/	2008	
Typed or printed name	s Shallona	J. Shaw		Registration No.	57,091	
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